

C1 3180 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A 31875

Date Received (OEP use only)

DATE WELL COMPLETED 052784

Depth of Well 165' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-4783

OWNER Vaden (last name) Bruce (first name) STREET OR RFD Rte 97 TOWN Cooksville SUBDIVISION Hoods Mill Farm SECTION LOT 7

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Top Soil (0-2), Sandy Sand Stone (2-14), Mick (14-38), Sand Stone (38-50), Mick A (50-55), Mick A (55-165).

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS 6, NO. OF POUNDS 600. GALLONS OF WATER 36. DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 18 ft.

CASING RECORD. MAIN CASING TYPE ST (STEEL), Nominal diameter 6 inch, Total depth of main casing 21 feet.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD. screen type or open hole ST (STEEL), BR (BRASS, BRONZE), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

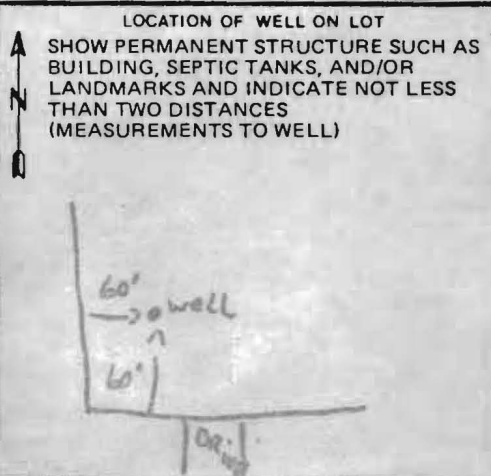
DEPTH (nearest ft.) table with columns: 1-5, 8-9, 11-15, 17-21, 23-24, 26-30, 32-36, 38-39, 41-45, 47-51. Includes SLOT SIZE and DIAMETER OF SCREEN (NEAREST INCH).

GRAVEL PACK. IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F. OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER).

TELESCOPE CASING, LOG INDICATOR, OTHER DATA. Includes checkboxes for T, WQ, and other indicators.

PUMPING TEST. C 3 (seq no). HOURS PUMPED 3. PUMPING RATE 9 gal. per min. to nearest gal. METHOD USED TO MEASURE PUMPING RATE Pump. WATER LEVEL (distance from land surface) BEFORE PUMPING 3.2, WHEN PUMPING 1.55. TYPE OF PUMP USED (for test) S (submersible).

PUMP INSTALLED. YES Y, NO N. DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y. IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE. TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)) 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31. PUMP HORSE POWER 37. PUMP COLUMN LENGTH (nearest ft.) 42. CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE, - below (nearest foot) 50.



CIRCLE APPROPRIATE BOX. A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED. E ELECTRIC LOG OBTAINED. P TEST WELL CONVERTED TO PRODUCTION WELL.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 233. DRILLERS SIGNATURE Ralph E. Mayne. SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee).

**B 1** **5526** SEQUENCE NO. (WRA USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
**TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401**  
**APPLICATION FOR PERMIT TO DRILL WELL**

**WRA PERMIT NUMBER**

**FILL IN THIS FORM COMPLETELY**

**DATE RECEIVED (WRA USE ONLY)**  
 5/23/82  
 11:00 AM

**OWNER**  
 COL 15 LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ COL. 34

**STREET OR RFD**  
 COL 36 \_\_\_\_\_ COL. 55

**POST OFFICE**  
 COL 57 \_\_\_\_\_ COL. 76

**B 1** **CONTINUED** **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

**DATE** \_\_\_\_\_ **LICENSE NUMBER** 273  
 77 80

**FIRST NAME** ALPH **DRILLER** MAYNE **LAST NAME**

**SIGNATURE** Ralph Mayne

**B 3** **LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6

**COUNTY** 8 (DO NOT ABBREVIATE COUNTY NAME) 21

**SUBDIVISION** 23 42

**SECTION** 44 46 **LOT** 48 50

**NEAREST TOWN** \_\_\_\_\_ 71

**MILES FROM TOWN (ENTER 0 IF IN TOWN)** \_\_\_\_\_ **M** 73 **I** 76 77 78

**B 2** **WELL INFORMATION**

1 2 3 (SEQ. NO.) 6

**MAXIMUM PUMPING RATE (GALLONS PER MINUTE)** \_\_\_\_\_ 8 12

**AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)** 500 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

**D** HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

**F** FARMING, AGRICULTURE, IRRIGATION

**I** INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

**M** MUNICIPAL WATER SUPPLY } **MUST HAVE STATE HEALTH DEPT. APPROVAL**

**P** PRIVATE WATER COMPANY }

**T** TEST

**B 4** **DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**

1 2 3 (SEQ. NO.) 6

**N** NORTH  **E** EAST  **NE** NORTHEAST  **SE** SOUTHEAST

**S** SOUTH  **W** WEST  **NW** NORTHWEST  **SW** SOUTHWEST

**NEAR WHAT ROAD** \_\_\_\_\_

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**  **N**  **S**  **E**  **W**

**DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)** 34 **FT** 37 **M** 38 39

**APPROXIMATE DEPTH OF WELL** 250 FEET  
 24 26

**APPROXIMATE DIAMETER OF WELL** \_\_\_\_\_ (NEAREST INCH)

**METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)**

**BORED** (OR AUGERED)  **JETTED**  **DRIVEN**

30-37  **AIR-ROTARY**  **AIR-PERCUSSION**  **ROTARY** (HYDRAULIC ROTARY)

**CABLE**  **REVERSE-ROTARY**  **DRIVE-POINT**

**OTHER (DESCRIBE)** \_\_\_\_\_

**REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**

**N** THIS WELL WILL NOT REPLACE AN EXISTING WELL

**Y** THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

**S** THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

**D** THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) \_\_\_\_\_

**NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)**

**APPROPRIATION PERMIT NUMBER** \_\_\_\_\_ **ENGINEER REVIEW DISTRICT NO.** \_\_\_\_\_

**FORCE** \_\_\_\_\_ **CONDITIONS** \_\_\_\_\_

**B 4** **CONTINUED** **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6

**S** **STATE HEALTH (CIRCLE BOX)**

**DATE** \_\_\_\_\_ **COUNTY NAME** \_\_\_\_\_ **COUNTY NO.** \_\_\_\_\_

**APPROVED BY** \_\_\_\_\_

**BOX NUMBER** **E** 790 4 **N** 540 9

**NORTH COORDINATE** \_\_\_\_\_ **EAST COORDINATE** \_\_\_\_\_

**ELEVATION AT WELL HEAD (FEET)** \_\_\_\_\_

**0/5** **5/5**

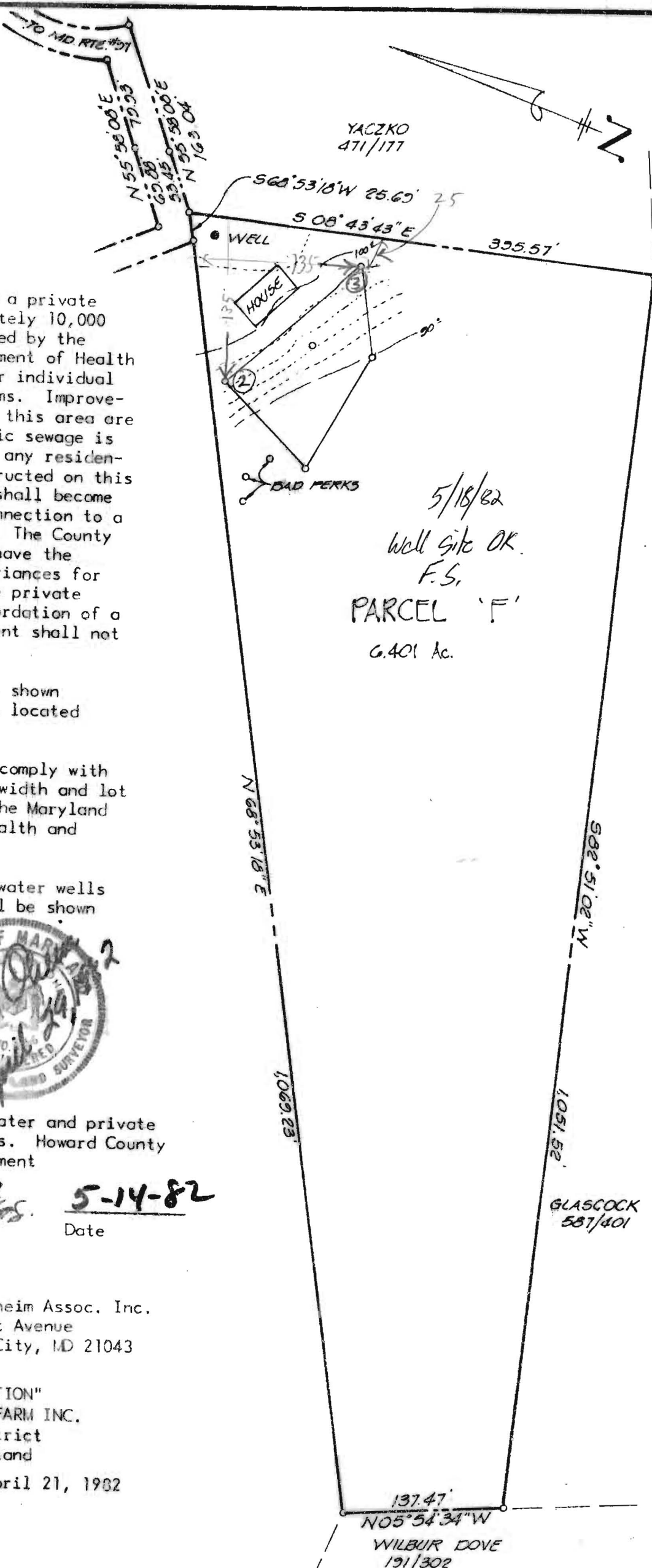
**0/0** **5/0**

**B 5** **SPECIAL CONDITIONS 8-63 (WRA USE ONLY)**

1 2 3 (SEQ. NO.) 6

5/21/82  
 Location OK  
 21' casing  
 1' casing above grade  
 18' open hole  
 6 bags of cement used  
 O.K. F.S.





YACZKO  
471/177

1. This area indicates a private easement of approximately 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal systems. Improvements of any kind in this area are restricted until public sewage is available and serving any residential structures constructed on this site. This easement shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.
2. Percolation test holes shown hereon have been field located and shown as "0".
3. The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.
4. Percolation areas and water wells for adjoining lots will be shown where pertinent.

5/18/82  
Well site OK.  
F.S.  
PARCEL 'F'  
6.401 Ac.



APPROVED: For private water and private sewage systems. Howard County Health Department

*James Byrnes*  
County Health Officer

5-14-82  
Date

Prepared by:  
Tydings-Oheim Assoc. Inc.  
8370 Court Avenue  
Ellicott City, MD 21043

PARCEL 'F'  
"PERC CERTIFICATION"  
Part of HOX'S MILL FARM INC.  
Fourth Election District  
Howard County, Maryland  
Scale 1" = 100' April 21, 1982

GLASCOCK  
587/401

137.47'  
N 05° 54' 34" W  
WILBUR DOVE  
191/302

